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President: Mr. Ali Abdussalam Treki ..... (Libyan Arab Jamahiriya)

In the absence of the President, Mr. Viinanen (Finland), Vice-President, took the Chair.

The meeting was called to order at 10.15 a.m.

Agenda item 44

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS

Report of the Secretary-General (A/64/735)

Draft decision (A/64/L.54/Rev.1)

The Acting President: Four years ago, United Nations Member States committed themselves to pursuing all necessary efforts towards the goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010. Today, let us look at the progress that has been made, reflect on the challenges that remain and stake out the way forward.

This meeting is particularly important as we prepare for the high-level plenary meeting on the Millennium Development Goals (MDGs) in September. The challenges posed by the AIDS epidemic remain significant. HIV causes more deaths among reproductive-age women worldwide than any other health condition. The epidemic has impeded, and if not addressed will continue to undermine, efforts to achieve several MDGs.

Political commitment has been encouraging. Over 100 countries have set ambitious national targets to reach universal access. Countries that have made progress in their response to AIDS have done so despite limited resources. Those countries have recognized that investments made today will reduce cost requirements in the future.

Today's meeting should serve not only to reaffirm the importance of achieving universal access; in the face of challenges such as the financial crisis, it should also strengthen our resolve to intensify national and international efforts. Political commitment to achieving universal access is vital, as has also been recognized by the United Nations Economic and Social Commission for Asia and the Pacific in a recent resolution.

Time is not on our side. Around 7,400 new HIV infections occur every day. Nearly half of those infections are among young people and children. Future generations will ask if we fulfilled our responsibilities. We must do our best to be able to answer that question, in particular at the high-level plenary meeting in September and the comprehensive AIDS review next year.

I now give the floor to the Deputy Secretary-General, Her Excellency Ms. Asha-Rose Migiro.

The Deputy Secretary-General: I am delighted to join the General Assembly at this morning's meeting and to deliver the following statement on behalf of Secretary-General Ban Ki-moon.

Today's plenary meeting takes place as our response to HIV and AIDS reaches a crossroads. Since 2001, global rates of new HIV infections have decreased by 17 per cent. More than 4 million people

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in low- and middle-income countries have gained access to anti-retroviral therapy. That is a 10-fold increase in just five years. A few years ago, tools to eliminate mother-to-child HIV transmission were just ideas. Now they are being put into practice all over the world. We are also confronting stigma and discrimination, as can be seen in the lifting of decades-old travel restrictions against people living with HIV/AIDS by several countries.

And yet we need to do much more. The global financial crisis, the effects of conflict around the world and the response to natural disasters are stretching limited resources. Social and legal challenges to human rights are preventing an effective response in many countries. Individuals most at risk of HIV infection — men who have sex with men, injecting drug users and sex workers — are pushed to the margins instead of being constructively engaged.

Universal access means more than ensuring that those who need treatment or prevention services receive them. It implies an extra effort to reach those who are marginalized, criminalized and disenfranchised. Some Governments are cutting back on their response to AIDS to give more to other development efforts that are less controversial and are perceived as lagging further behind. This is cause for serious concern. Such shifts in funding can have a very negative effect on all patients. Treatment and prevention programmes for HIV/AIDS are proven to affect the health of the population as a whole. We know that efforts to improve maternal health and achieve Millennium Development Goal 5 need a big push. What is less well known is that HIV is one of the leading causes of death among women of reproductive age worldwide.

The global response to AIDS is therefore an essential part of our efforts to meet women's health needs. The Millennium Development Goals (MDGs) are indivisible and should never be pitted against each other.

The report now before the Assembly (A/64/735) presents a strong case for strengthening the links between the AIDS response and the other MDGs. It puts forward a set of recommendations that are ambitious but achievable. I hope that the MDG summit in September will demonstrate greater resolve to strengthen these links. I hope we will see, in the five years leading up to 2015, strong support for national health, education and social service systems that will translate into benefits for HIV-specific programmes as well. That will require more resources from national and global institutions.

The cost may be great, but the cost of inaction will be even greater. I fully endorse the strategic approach taken by UNAIDS to focus on 10 priority areas under its Outcome Framework. I am also pleased to chair this year's replenishment process for the Global Fund to Fight AIDS, Tuberculosis and Malaria.

We are here today on behalf of millions of women, men, girls and boys who have been given new hope by the recent advances in HIV/AIDS treatment and prevention. They now see a future for themselves. They now have goals — not goals set by world leaders here at the United Nations, but goals for their own lives. They want to be teachers, doctors, parents and productive members of their communities. If we do our part, they will have hope. We must realize their aspirations for the future as well as our own.

I thank the Assembly for focusing on this important subject. I wish participants a successful meeting.

The Acting President: I thank the Deputy Secretary-General for her statement on behalf of the Secretary-General.

Mr. Balé (Congo) (*spoke in French*): It is my honour to make this statement on behalf of the Group of African States.

At the outset, I would like to thank the President for having organized this debate on agenda item 44, "Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS". Reading the report contained in document A/64/735 before us, we might be reassured by the significant progress that has been made towards the agreed objectives, particularly with regard to antiretroviral treatment. However, significant challenges remain, particularly with regard to universal access to prevention, treatment, care and support because the resources available do not meet all the needs.

At the High-level Event on the Millennium Development Goals (MDGs) held on 25 September 2008, developing countries here in this Hall reiterated their commitment to achieving the objectives related to health by 2015. Two years have gone by since then,

and we are only five years from 2015, so it is necessary to assess what has been achieved in this regard. At the high-level meeting on the MDGs planned for next September at the sixty-fifth session of the General Assembly, we will have the opportunity to discuss, among other subjects, the tricky issue of the HIV/AIDS pandemic, which continues to represent a serious public health problem and a serious handicap to development.

In the case of Africa, where women and children in particular are the most vulnerable not only to HIV/AIDS but also to tuberculosis and malaria, the statistics paint an alarming picture. In the face of this tragic situation, African leaders are seeking to implement the commitments contained in the 2000 Abuja Declaration and Plan of Action to Roll Back Malaria, as well as in the 2001 Abuja Declaration and Plan of Action on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases.

In order to support these efforts, African countries have recognized the necessity of addressing HIV/AIDS as a cross-cutting issue in the New Partnership for Africa's Development and of taking other measures, such as the AIDS Watch Africa and the Commission on HIV/AIDS and Governance in Africa.

Through these initiatives, Africa has committed itself to reaching the goal of universal access to prevention, treatment, care and support, which are critical to the fight against HIV at the global level. In this regard, the statistics contained in the report of the Secretary-General lead us to believe that this objective can be achieved. Indeed, in 2008, 10 times more people than five years previously had received antiretroviral therapy in low- and medium-income countries. Between 2001 and 2008, the number of new infections decreased by 17 per cent. The percentage of women who have received antiretroviral treatment to prevent the mother-to-child transmission reached 45 per cent in 2008, compared with 10 per cent in 2004.

Furthermore, according to the Joint United Nations Programme on HIV/AIDS, Africa has maintained the progress achieved in dealing with HIV/AIDS. Mortality related to HIV/AIDS has not increased since the 2009 report. Access to antiretroviral therapy for HIV-infected patients has improved in most countries. New infections among adults and children dropped 17.4 per cent between 2001 and 2008, and in 2008 approximately 45 per cent of HIV-positive pregnant women in Africa received antiretroviral treatment to prevent transmission of the virus to their children. This number represents an increase of 35 per cent compared to the previous year.

As we can see, thousands of new infections have been averted thanks to prevention programmes and the efforts of various partners, although the number of those living with HIV remains high, which weighs heavily on health-care systems. This situation may appear paradoxical, but is the result in part of improved access to treatment, which reduces the mortality rate linked to HIV/AIDS but also increases the number of people living with the disease.

Despite the progress that has been achieved in dealing with HIV/AIDS in Africa, more efforts need to be made to ensure improved access to prevention, treatment and necessary services. The HIV/AIDS pandemic is still an emergency situation requiring considerable resources. However, the various crises that have developed throughout the world in recent years, particularly the world financial and economic crisis, have reduced economic growth in Africa and significantly affected the capacity of African countries to achieve the MDGs. Although the context is difficult and given all that is at stake, it is absolutely essential that international stakeholders and national Governments maintain their efforts and meet the commitments they have undertaken.

That is why African countries support most of the recommendations contained in the report of the Secretary-General, in particular those aimed at accelerating universal access to HIV prevention, treatment, care and support by the end of 2010. The objective is to halt and reverse the spread of HIV/AIDS between now and 2015.

It cannot be overstated that any failure on the part of partners in the fight against HIV/AIDS to meet their commitments would risk undermining the years of progress that have been made in this area. But beyond that, we must keep in mind the socio-economic consequences of such a reverse, especially in Africa. That is why the Group of African States, which supports the draft decision submitted for consideration by Member States (A/64/L.54/Rev.1), remains convinced that the development of synergy and coherence among the various measures being taken by the international community as a whole is the only way to ensure success in the fight against HIV/AIDS.

We welcome the launching on 2 March 2010 of a 2010-2014 action plan by the Joint United Nations Programme on HIV/AIDS (UNAIDS), which aims specifically at protecting women and young girls, who represent the group most vulnerable to the pandemic. Similarly, we welcome the creation of strategic and innovative health partnerships, in keeping with MDG 8, which aims at establishing a global partnership for development along the lines of the Global Funds to Fight AIDS, Tuberculosis and Malaria. We believe that the meeting planned for October 2010 to replenish resources to help the Fund meet its long-term needs will be an opportunity for statements to be followed up by action.

In conclusion, the African Group hopes that we will see collective momentum at the upcoming high-level meeting on the MDGs in September so that the various commitments undertaken can be translated into reality. It will be an opportunity for the international community as a whole to assess fully, coherently and transparently the 2001 Declaration of Commitment and the 2006 Political Declaration. This is a vital precondition for bridging the gaps that remain in most countries, which are far from achieving the goal of universal access to HIV/AIDS prevention, treatment, care and support within the established deadline.

Mr. Yañez-Barnuevo (Spain) (*spoke in Spanish*): I have the honour to speak on behalf of the European Union. The candidate countries Turkey, Croatia and the Former Yugoslav Republic of Macedonia; the countries of the Stabilization and Association Process and potential candidates Albania, Bosnia and Herzegovina, Montenegro and Serbia; as well as Ukraine, Armenia, the Republic of Moldova and Georgia align themselves with this statement.

The European Union welcomes the report of the Secretary-General (A/64/735) on the progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. This debate is especially important given that the international community, at the High-level Meeting held on this topic in 2006, set the target of achieving universal access to prevention, treatment, care and support for persons affected by HIV and AIDS by the end 2010. The European Union commends efforts to mainstream problems relating to HIV and AIDS and to integrate the response to these challenges into the broader framework of the Millennium Development Goals (MDGs), and specifically that of MDG 6.

The European Union reaffirms its commitment to the goals and objectives set out in the Millennium Declaration of 2000, the Declaration of Commitment on HIV/AIDS of 2001, the Political Declaration on HIV/AIDS, the Cairo Agenda and the Beijing Platform for Action. I should like to underline the importance of achieving MDG 6 to attaining all other MDGs, and the close links and strong interdependence among MDGs 3, 4, 5 and 6. However, the European Union remains deeply concerned by some of the information presented in the report of the Secretary-General.

The European Union believes that all people living with HIV and AIDS should benefit from the best available standards of prevention, care and treatment, regardless of their origin, nationality, opinion, age, gender, sexual orientation, religion or any other status. The barriers of discrimination, stigma and exclusion that prevent access to HIV prevention, treatment, antiretrovirals, care and support must be eliminated. Universal access can never be achieved unless there is full respect for human rights.

Gender inequality and violence against and the abuse of women are vehicles for the transmission of the HIV epidemic. Working towards the attainment of MDG 3; increasing the capacity of women and girls to protect themselves from HIV infection through the provision of health care and services, including those related to sexual and reproductive health and rights; and ensuring full access to education and information are indispensable elements of an ongoing effective response to the epidemic. Women have the right to control and decide freely upon matters related to their sexuality in order, among other things, to improve their ability to protect themselves against HIV infection. Similarly, universal access to prevention of mother-to-child transmission requires the strengthening of maternal health services and is an urgent and achievable goal related to MDGs 4, 5 and 6.

The European Union emphasizes that prevention must be at the centre of the response to the spread of HIV and welcomes the progress in the area of the development and use of new prevention tools. However, we are concerned that the report of the Secretary-General provides no update on existing tools, such as male and female condoms, and we stress the urgent need to improve this situation, especially in

terms of their production, availability, affordability and accessibility.

We recognize the efforts of receiving Governments and international donors to significantly step up HIV prevention through the "Know your epidemic, know your response" campaign. The European Union calls for greater integration of sexual and reproductive health and rights into HIV and AIDS programmes, including the scaling up of programmes to prevent vertical transmission and the elimination of legal and other barriers to effective HIV prevention.

There is also a need to focus on young people, especially adolescents and girls, children infected with and affected by HIV and AIDS, including AIDS orphans, children in need of treatment, women and girls in conflict situations, and other groups at high risk of HIV infection. This list includes men who have sex with men, injecting drug users, sex workers, prison populations, migrants, refugees, trafficking victims and others. These groups should be included in the planning of strategies and programmes, as well as in the decision-making process, in order to tackle the HIV and AIDS issue successfully.

The European Union's action to confront HIV and AIDS, as well as tuberculosis and malaria, is based on its 2004 European policy framework, the European Union Programme for Action on HIV/AIDS, malaria and tuberculosis. As part of its international response, the EU is a founding member of the Global Fund Against AIDS, Tuberculosis and Malaria and plays a key role on its Board. Collectively, the European Union and its members have provided more than 55 per cent of total contributions to the Global Fund since 2001.

In 2009, the European Union Commission adopted a new Communication on combating HIV and AIDS within the EU and its neighbouring countries, with a view to mitigating and treating the increasing rate of infection. This initiative focuses in particular on promoting proven prevention programmes, such as harm reduction, and on implementing measures targeting high-risk groups, such as drug users and men who have sex with men, as well as particularly affected geographical areas. The fight against HIV and AIDS can be effective and sustainable only if linked to the strengthening of health systems delivering comprehensive services focusing on preventive measures, the promotion of responsible and safe sexual behaviour and implementation of harm reduction measures.

The European Union has recently adopted a new policy framework on global health aimed at promoting solidarity, quality, equity and universal coverage in health services. This policy requires adherence to aid-effectiveness principles in the health sector, which at present involves myriad donors, projects and initiatives. In line with the methods established by the International Health Partnership, the European Union is committed to supporting health strategies in a more coordinated and predictable way, in order to reduce fragmentation and increase equitable access to health services, regardless of socio-economic or health conditions. It will also promote better coordination with other policies, such as those on trade and migration, which affect the availability of both medicines and qualified health workers.

The European Union also supports a more coordinated response within the multilateral system in the financing of national health plans, including better cooperation among the Global Fund, the Global Alliance for Vaccination and Immunization (GAVI), the World Bank and the World Health Organization (WHO).

The European Union is looking forward to the eighteenth International AIDS Conference, on the theme "Rights here, right now", which will take place from 18 to 23 July in Vienna. The European Union appreciates the special attention that the conference will devote to the regions of South-East and Central Europe, where HIV infection rates are still on the rise.

The response to HIV and AIDS requires a comprehensive approach that links the fight against HIV with other Millennium Development Goals (MDGs), such as poverty eradication, access to education, gender equality, child mortality reduction, improved maternal health and the fight against other diseases. The upcoming High-level Plenary Meeting of the General Assembly to discuss progress towards the MDGs offers a unique opportunity to strengthen linkages, responses and efforts to achieve the Goals. In addition, the 2011 comprehensive review of progress in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS will allow us to evaluate the progress made in achieving the targets agreed for 2010.

In the fight against HIV and AIDS the Joint United Nations Programme on HIV/AIDS (UNAIDS) plays a key role in preventing new infections, caring for people affected people and mitigating the impact of the epidemic, as outlined in its new outcome framework. We also support the role of WHO, as the leading normative authority on international health, to ensure a comprehensive and sustainable response to HIV and AIDS, emphasizing in this context its guidance on strengthening health systems and on sexual and reproductive health.

Finally, we support the ongoing replenishment of the Global Fund, and we recognize that success in that regard will contribute to the speedier attainment of the Millennium Development Goals, which continues to be a central goal for the entire international community.

Mr. Errázuriz (Chile) (*spoke in Spanish*): I have the honour to make this statement on behalf of the Latin America and Caribbean countries that make up the Rio Group: Argentina, Belize, the Plurinational State of Bolivia, Brazil, Colombia, Costa Rica, Cuba, the Dominican Republic, Guyana, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay, the Bolivarian Republic of Venezuela, Jamaica on behalf of the States members of the Caribbean Community (CARICOM), and Chile.

Since the General Assembly adopted the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) in 2001, there has been progress in the fight against this epidemic. Global solidarity and leadership in the response have yielded important gains, such as the fact that — as of December 2008 — the number of people receiving antiretroviral therapy in low- and middle-income countries was 10 times larger than five years before. The growing scope of the epidemic, however, remains a source of grave concern: for every two people starting antiretroviral treatment, five new infections occur.

Approximately 2 million people in our region live with HIV/AIDS, and — although access to antiretroviral treatment has increased — we still face a number of challenges, such as preventing new infections, providing the necessary treatment, care and support, and reintegrating HIV-positive people into economic and social activities. In order to achieve universal access to treatment, we must continue to make use of cooperation mechanisms, including South-South cooperation, and of innovative instruments to reduce the cost of antiretroviral drugs, given that a majority of the resources that our countries devote to the epidemic are being used to purchase such medicines.

In our countries, we need to increase access to second- and third-line antiretroviral medicines, as well as to reduce their cost. The training of health workers, the transfer of technology and the production of good quality, cost-effective, safe and effective medicines are all very important elements.

We would also like to reiterate the importance of designing specific solutions for middle-income countries with a view to ensuring that the initiative to combat HIV/AIDS addresses the problem as it exists in our countries, where we face great problems of inequality and poverty.

During last year's debate against the backdrop of the worst financial and economic crisis of the past 70 years, the Rio Group emphasized the need to maintain and step up investments in the response to the epidemic. In our countries, those investments come primarily from international assistance. The report of the Secretary-General (A/64/735) estimates that total annual investment in the response should rise to $25.1 billion in order to achieve universal access to prevention, treatment, care and support. That will require an additional 40 per cent above 2008 investments.

The Rio Group reiterates that the mobilization of international resources presumes that donor countries will fulfil their commitments on official development assistance, if possible before the agreed deadlines, in order to redouble efforts to achieve the Millennium Development Goals (MDGs) by 2015, in particular Goal 6. Similarly, we urge donors to actively participate in and consider taking on new commitments at the replenishment conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria that will be held next October in New York.

One of the key aspects in combating HIV/AIDS is the sustainability of efforts to develop plans not only for the short term but also for the medium and long terms, including sound financing schemes and the necessary strengthening of public health systems.

Prevention education remains a key element of strategies to address HIV/AIDS. Such strategies should

be comprehensive, evidence-based and aimed at vulnerable groups and at those most at risk. They should also include psychological aspects and the building of self-esteem. We are committed to developing new strategies and to carrying out the plans and policies being implemented in our countries.

Given that people under 25 account for more than 40 per cent of new infections, we reiterate our commitment to achieving a 25 per cent reduction in HIV prevalence among young people between the ages of 15 and 24 by the end of 2010, as well as to ensuring that at least 95 per cent of young people have accurate and comprehensive information about HIV and its prevention.

In that context, we would like to reiterate the contribution of the countries of our region to strengthening HIV/AIDS prevention efforts, as stated in the ministerial declaration entitled "Preventing with education", which was adopted in Mexico on 1 August 2008 at the first meeting of ministers of health and education on halting HIV/AIDS and sexually transmitted disease in Latin America and the Caribbean.

It is a fact that the factors that contribute to an increase in prevalence can vary from country to country, and even within countries. Resources should therefore be increased in order to make detection tests more accessible and, at the same time, develop studies to identify and quantify the impact of the epidemic among different population groups in order to better understand the epidemic in our countries and be in a better position to adopt and implement appropriate responses.

As we have said on previous occasions, strategies to prevent and combat HIV/AIDS must always strictly respect the human rights of people living with the disease. At the same time, we must fight stigma and discrimination against vulnerable groups. In order to ensure their full access to health services, including sexual and reproductive health, we will continue to promote effective prevention, care and support measures that combat stigma and discrimination, in particular against groups most affected by the epidemic in our countries. That includes clear, transparent and unbiased public information educational programmes that promote universal access to health services, as well as national legislation that promotes equality.

We are convinced that civil society makes an important contribution to the fight against HIV/AIDS. We are working closely with all organizations doing invaluable work at the community and implementation levels and participating as honest brokers in defining strategies and policies. An effective response requires joint efforts by Government, international organizations and civil society. Greater participation by other actors, such as the private sector and the media, can also play a relevant role in those efforts.

The high-level meeting on the Millennium Development Goals that will be held in September will give us a unique opportunity to emphasize once again the clear link between development and HIV/AIDS. An effective response must go beyond the health sector, as HIV transmission is facilitated by vulnerabilities, inequity, social marginalization and discrimination and, in turn, exacerbates those situations. Although the fight against HIV/AIDS is itself addressed in the MDGs, it also serves to promote the achievement of other development goals, such as combating extreme hunger and poverty, gender equality and the empowerment of women, reduced child mortality, improved maternal health, and the momentum towards a global partnership for development.

In turn, global efforts to promote gender equality play a key role in reducing the vulnerability of women and girls to infection. Universal education initiatives are central to prevention efforts, while reducing poverty and hunger helps to mitigate the epidemic's impact and contributes to the success of treatment. MDG 5 is linked to better prevention services for women and the prevention of mother-to-child transmission.

The Rio Group reiterates its grave concern about the growing feminization of the pandemic. We also acknowledge that women and girls bear a disproportionate burden in caring for and supporting those infected and affected by HIV/AIDS.

We welcome commitments to achieving concrete results to help achieve universal access and the Millennium Development Goal targets. In that regard, we take note of the new Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy contained in the "Joint Action for Results: UNAIDS Outcome Framework 2009-2011".

Since the General Assembly first addressed the issue of HIV/AIDS in 2001, the Rio Group has

emphasized the need to achieve universal access to prevention, treatment, care and support as an integral part of guaranteeing and effectively achieving human rights.

Next year, we will undertake a comprehensive review of the progress achieved with regard to the commitments adopted since 2001 and the pledge to achieve universal access to HIV prevention, treatment, care and support by 2010. The review will provide us with an opportunity to assess our progress and determine how to best keep moving forward, taking into account the efforts required to achieve the Millennium Development Goals by 2015.

In that process, we must consider that, as the report of the Secretary-General points out, the epidemic continues to evolve and requires ongoing vigilance and flexibility in our responses. The Rio Group reaffirms its commitment to the achievement of the Goals to combat the epidemic.

Mr. Talbot (Guyana): In today's deliberations on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS, I have the honour to speak on behalf of the 14 States members of the Caribbean Community (CARICOM) that are Members of the United Nations.

The scourge of HIV/AIDS remains one of the most pressing challenges facing the countries of our community. The Caribbean region continues to be plagued by a high HIV prevalence and its impact on the various sectors of our society is wide-ranging. However, the Governments of the region, working with civil society, have adopted a proactive and responsible approach to combating the problem and remain steadfastly committed to the attainment of the internationally agreed goals in dealing with the pandemic. As a result of the region's combined efforts across many fronts, the HIV epidemic in the Caribbean continues to show definite signs of stabilization — a trend that was first recognized in 2004. Available data suggest that declines in prevalence may be attributed to changes in sexual behaviour.

The Caribbean region has also made significant strides towards improving access to HIV treatment. Treatment coverage among persons in need rose from 10 per cent in 2004 to 51 per cent in 2008. However, the news is not all good. AIDS-related illnesses loom as the fourth leading cause of death among women and the fifth leading cause of mortality among men. Further, women now account for approximately 50 per cent of all infections, while adolescent and young women have infection rates that are significantly higher than males of their own age.

The centrality of prevention efforts in advancing the Caribbean regional response to HIV and AIDS is the subject of renewed emphasis. That implies the need to make more targeted and sustained efforts in reaching the population groups most at risk. CARICOM member States, through the Pan Caribbean Partnership against HIV/AIDS (PANCAP), have focused their attention on mobilizing technical support and resources to support the regional priorities. Nonetheless, in the light of the global financial and economic crisis, member States have found that task extremely challenging due to the adverse impacts of the crisis on the economies of the region and the outreach of PANCAP itself. Despite that reality, we have persevered.

Our perseverance brought about the Caribbean Regional Partnership Framework agreement, formally signed by regional Governments in July 2009, and in November 2009 the Global Fund to Fight AIDS, Tuberculosis and Malaria approved a PANCAP proposal to the amount of $34.5 million. Additionally, CARICOM has taken significant steps to pursue the establishment of a regional technical support facility as a joint initiative between PANCAP and the Joint United Nations Programme on HIV/AIDS (UNAIDS). That facility will benefit from the injection of $1.5 million from UNAIDS, which will be applied towards providing technical support to countries and regional entities in the implementation of HIV and AIDS programmes.

Progress has been achieved since 2001, when member States adopted a number of commitments to combat HIV/AIDS. Our efforts have benefited from the leadership and partnership demonstrated at both the international and the regional level. In CARICOM, we recognize and are appreciative of the increase extended by the United States President's Emergency Plan for AIDS Relief, and similarly, we acknowledge the assistance provided by the Federal Republic of Germany in support of PANCAP initiatives.

Those are but examples of the partnerships that have been encouraged in the report of the Secretary-General, and CARICOM member States support the view that the Secretary-General has expressed that "economic difficulties need not deter the global

community from upholding its health and development commitments" (*A/64/735, para. 16*). CARICOM calls on Member States to fulfil their commitments of official development assistance, and also joins the call for an active involvement in the replenishment conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria, scheduled for October of this year.

CARICOM agrees that there are linkages between the Millennium Development Goals (MDGs), especially as they relate to HIV/AIDS and development. We look forward to continued examination of those linkages and to increased progress in addressing HIV/AIDS as it relates to all of the MDGs and vice versa. The need for education is a key factor in combating HIV/AIDS, as are the roles of women and children and a healthy workforce in sustainable development. To that end, CARICOM notes the Outcome Framework of the Secretary-General and is willing to partner with agencies to focus on relevant priority areas.

CARICOM seeks to ensure universal access to HIV and AIDS-related prevention, treatment, care and support services for all persons in need. That implies placing greater emphasis on the population groups most at risk, including persons living with HIV. In the pursuit of that goal, CARICOM member States, through the strategies to be pursued by PANCAP, will collaborate with regional and national entities in strengthening programmes targeting the populations most at risk; promote policies and legislation to address HIV/AIDS-related stigma and discrimination, within the framework of the protection of human dignity and human rights; intensify negotiations for the reduction in costs of antiretroviral drugs and associated laboratory commodities; and strengthen international links with key development partners.

PANCAP has been successful within the region as a result of the high level of political support that it has received. This has been crucial. CARICOM member States thus call for increased political support within the international community to continue to combat the problem of HIV and AIDS. Indeed, HIV/AIDS is an evolving epidemic, and it is imperative that the international community adjust to the changing dynamic of the disease. This is the only way that we will finally be able to claim victory in our battle against the scourge.

CARICOM will continue to focus on prevention, treatment, education and consultation in our quest to meet the deadline for achieving the milestones agreed to in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS, and we urge the international community to continue on this path.

In closing, CARICOM believes that the occasion of the upcoming MDG review in September 2010 should also be one for renewing and strengthening our political will to advance and intensify our efforts to combat HIV and AIDS. It will also be an important precursor to the General Assembly's comprehensive review of the progress achieved on the commitments on HIV/AIDS and the Political Declaration on HIV/AIDS that will take place in 2011.

Mr. Le Luong Minh (Viet Nam): I have the honour to speak on behalf of the Association of Southeast Asian Nations (ASEAN).

ASEAN is encouraged by the global response to HIV/AIDS, which has recorded significant progress since the adoption of the Declaration of Commitment on HIV/AIDS in 2001 and the Political Declaration on HIV/AIDS in 2006, as reflected, inter alia, in a 17 per cent decrease of new HIV infections between 2001 and 2008 and a decline in HIV incidence or prevalence in an increased number of countries, including one member of ASEAN.

We are pleased to note, furthermore, that access to antiretroviral therapy and HIV/AIDS-related services, including services and therapy to prevent mother-to-child transmission, has been largely improved. Not all of this would have been possible without the invaluable efforts of the United Nations system, its broad membership and the civil society sector. We particularly commend the work that has been done by the Joint United Nations Programme on HIV/AIDS (UNAIDS) since its establishment, and highly value the ongoing cooperation between UNAIDS and ASEAN.

We are gravely concerned, however, that HIV/AIDS remains the most deadly infectious disease in the world and the leading cause of death of women of reproductive age, that is, between 15 and 49 years; that the need for treatment still outpaces the availability of antiretroviral therapy; that HIV/AIDS-related knowledge among young people has not yet improved; and that stigma, discrimination and punitive

laws continue to undermine efforts to prevent new infections. Pending official country reviews in 2011, this situation would imply that many countries will be unable to fulfil targets on universal access to HIV prevention, treatment, care and support by the end of 2010, as set out in the Declaration of Commitment and the Political Declaration, and will thus fail to achieve Millennium Development Goal 6, which is to have halted the spread of HIV/AIDS and begun its reversal by 2015.

Within the ASEAN region, we are deeply concerned that HIV/AIDS continues to threaten the lives and future of our peoples, especially vulnerable populations, with socioeconomic consequences that pose a formidable challenge to ASEAN's community-building efforts.

Committed to implementing the Declaration of Commitment and the Political Declaration, ASEAN has continuously strengthened regional cooperation to effectively respond to this epidemic and made its own regional political commitments through concrete strategies and programmes, as exemplified at the seventh ASEAN Summit Special Session in Brunei Darussalam in 2001, the ninth ASEAN Summit in Indonesia in 2003, the tenth ASEAN Summit in the Lao People's Democratic Republic in 2004, the second ASEAN Summit in New York in 2005, the eleventh ASEAN Summit in Malaysia also in 2005, the twelfth ASEAN Summit Special Session in the Philippines in 2007, and the recent sixteenth ASEAN Summit in Viet Nam in April. HIV/AIDS control was especially highlighted in the ASEAN Socio-Cultural Community Blueprint adopted at the fourteenth ASEAN Summit in Thailand in 2009.

Recognizing the transboundary nature of HIV/AIDS, the States members of ASEAN are guided by the ASEAN Vision 2020 on outward-looking South-East Asian nations living in peace, stability and prosperity and bonded in partnership in dynamic development and in a community of caring societies. As such, we reaffirm the social responsibility of all member States to act together in resolving HIV/AIDS-related issues.

To this end, we wish to emphasize that an effective response to HIV/AIDS can be achieved only through strong national leadership, ownership, political foresight and commitment to sustainable financing, multisectoral coordination and partnership with civil society, including the private sector, and particularly people living with HIV/AIDS and communities that are most vulnerable and most at risk of HIV, through region-wide and global policies that respect, protect and promote the rights of people living with HIV/AIDS and groups that are most vulnerable and most at risk of HIV.

We wish to highlight, at the same time, the need to address the gender dimension of the epidemic and to scale up response to those children vulnerable to, infected and affected by HIV/AIDS. While reaffirming the need to improve comprehensive treatment, care and support for people living with HIV/AIDS, the States members of ASEAN attach great importance to addressing the core issues of poverty reduction, equity and health and to creating an enabling environment for preventing the spread of HIV/AIDS and reducing new infections by, inter alia, promoting public education and information campaigns on HIV/AIDS, in particular by further integrating young women and men and vulnerable groups and establishing necessary legislation and regulations to ensure that those living with HIV/AIDS and affected groups are protected from being subjected to stigma and discrimination and enjoy equal access to health, social welfare and education services.

Halting and reversing the spread of HIV/AIDS requires the involvement, cooperation and partnership of all stakeholders. In this endeavour, ASEAN is committed to continuing cooperation with its partners, UNAIDS, other United Nations bodies, civil society organizations and the private sector towards the achievement of our shared goals.

Mr. Quinlan (Australia): I have the honour this morning to speak on behalf of the members of the Pacific Islands Forum.

At the outset, I would like to thank the Secretary-General and the Joint United Nations Programme on HIV/AIDS for the focused and very helpful report on the progress made in the implementation of our commitments on HIV/AIDS (A/64/735), and I would like to thank them also for the commitment they bring to the global fight against this terrible disease.

Last December, the report of the Commission on AIDS in the Pacific was launched, with the support of the Secretary-General, here in New York. The report was called "Turning the Tide" and was a very important milestone in the fight against AIDS for the

nations of the Pacific. The Commission drew global attention, really for the first time, to the state of the epidemic in our region. It found that sexually transmitted infections were endemic, and, as we know, the presence of sexually transmitted infections is a strong indicator of HIV risk.

There are several other key risk factors in our region: high labour mobility, gender inequality, young populations with limited knowledge about how HIV is transmitted, cultural influences that restrict people's willingness to talk about sex, and low condom use. Obviously, we cannot afford to be complacent.

The Secretary-General has called for vigilance about the modes of transmission within each country and flexibility in national approaches. This is certainly needed in the Pacific, where the diversity within and between countries and communities requires a variety of approaches.

The Commission on AIDS in the Pacific helped us to learn more about the different epidemic situations in the Pacific and the common risks. We know that HIV transmission occurs in our region mainly through unprotected sex and that women comprise the majority of reported cases. Different epidemics clearly require different solutions. For Papua New Guinea, a comprehensive and scaled-up approach to prevention, treatment and care is required. The Government of Papua New Guinea has achieved notable success in providing antiretroviral treatment to people living with HIV. Currently, about 61 per cent of people in need and eligible for treatment are receiving it. This represents an impressive scale-up, we have to say, from just 31 per cent — half of the current figure — in 2007 just over two years ago.

Mitigating the impact of the epidemic is self-evidently one challenge, but possibly the greater one, as we know, is actually preventing its spread. One very appropriate approach to prevention was demonstrated by the leaders at the thirty-eighth Pacific Islands Forum in Tonga in 2007. The leaders agreed to amend what was then the Pacific Regional Strategy on HIV and AIDS to emphasize the emerging epidemic in other sexually transmitted infections. This resulted in a new, more comprehensive and more effective strategy that addresses both HIV and sexually transmitted infections generally.

This shift in focus to sexually transmitted infections was informed by the understanding that responses to HIV, particularly in low-prevalence countries, need to be strongly linked to responses to sexual and reproductive health generally and, of course, to maternal and child health. Sexually transmitted infections can be prevented in the same way that HIV can be prevented — simply and cheaply — and United Nations research shows that every dollar spent on prevention saves another $8 in treatment.

Forming partnerships can help the national HIV response reach more people. Governments can link up with businesses and with non-governmental and civil society organizations to reach populations at greater risk, such as sex workers, men who have sex with men and migrant labourers, including seafarers, uniformed services and others.

Research is also important. The Commission on AIDS in the Pacific suggests that the patterns of the epidemic in the Pacific differ very much from country to country. Only when Governments understand those patterns can they target interventions more closely and, of course, get better results.

Most of all, leadership is important. For their part, the Pacific Island leaders are seriously and genuinely committed to an effective and sustainable response to HIV/AIDS and sexually transmitted infections generally. The support given by national Governments to the Commission on AIDS in the Pacific shows how genuine that commitment is. Business and faith-based leaders, such as the Papua New Guinea Business Coalition Against HIV and AIDS and the Pacific Conference of Churches, are also helping to increase service provision and, importantly and critically, to reduce stigma and discrimination.

The Secretary-General has urged national Governments and international donors to show our commitment by sustaining and increasing our financial contributions to national HIV programmes. We can stem the spread of HIV in the Pacific and, at the same time, improve the reproductive and sexual health of Pacific Island people by strengthening health services generally, achieving the Millennium Development Goals and improving access to information and those services. This must obviously remain a compelling priority for all of us. We must not cut back on our efforts to combat HIV, whatever the other pressures may be.

Mr. Parham (United Kingdom): I should say first of all that the United Kingdom aligns itself with the statement made by the representative of Spain on behalf of the European Union.

In 2005, world leaders defined a goal of universal access to comprehensive HIV prevention, treatment, care and support by 2010 in order to mobilize action and resources. The United Kingdom played a leading role in agreeing this historic goal of universal access, and we remain committed to it.

The United Kingdom welcomes the Secretary-General's report on progress towards the universal access goals (A/64/735). Substantial progress has been made in tackling the global AIDS epidemic, but there is still a long way to go and the epidemic continues to outstrip the global response. There are more than 33 million people living with HIV. For every two people starting treatment, five others become newly infected; that is more than 7,000 people each day. HIV/AIDS remains the world's leading infectious killer, with two million people dying every year, and it is the leading cause of death of women aged 15 to 44. Over 4 million people now receive antiretroviral treatment, but there are more than 6 million who need treatment yet cannot access it.

In the context of an unprecedented global financial crisis and amidst signs that resources for official development assistance (ODA) are decreasing, it is critical that we sustain efforts to confront the epidemic. I am pleased, in that context, to say that the British Government has reiterated its commitment to meeting the ODA target of 0.7 per cent of gross national income by 2013.

Overall progress is fragile. We must not loose the gains made, and so we welcome the Secretary-General's drive to keep universal access high on the international agenda. We also recognize that accelerating progress towards the HIV targets poses significant challenges, but the progress made so far demonstrates that success is possible. Ten times as many people have access to antiretroviral treatment now than five years ago. We have reduced new infections, including averting an estimated 400,000 new infections in Africa. We know that vulnerable and marginalized groups are disproportionably affected by the epidemic, and we have seen services and supportive policies for these groups grow. More than 5 million AIDS orphans and vulnerable children and households now receive some form of social and financial support.

My Government believes that it is necessary to re-energize prevention efforts in order to reduce new HIV infections through evidence-based interventions and to continue to expand access to treatment. To do this, particularly in the worst affected countries of sub-Saharan Africa, it is important to promote gender equality, transform harmful gender norms and stop violence against women and girls who are disproportionately affected by HIV. We are also faced with unacceptable levels of maternal and child mortality. We now have a much better understanding of women's vulnerability and the linkages between gender, violence and HIV. Gender inequality and gender-based violence are significant factors fuelling the epidemic. This means that women's empowerment has to be at the heart of our international development agenda.

We also need health systems that effectively deliver maternal and child health services, and specifically services for women, men and children who are vulnerable to and living with HIV. We all need to accelerate and integrate efforts to achieve Millennium Development Goals (MDGs) 4, 5 and 6. It is not a case of one MDG or the other. For this, we need financial resources for scaling up services through the Global Fund and other mechanisms. And we need strong leadership from politicians and affected communities.

In a context of limited financial resources, we must strive hard to show results and achieve the best value for money. We have to show that money spent on AIDS buys real results: fewer people infected with HIV and more people getting the treatment, care and support they need. Group of Eight countries need to meet their financial pledges to support global health, and we must look for innovative financing mechanisms and partnerships with Governments, the private sector, foundations, the pharmaceutical industry and civil society to find better ways of delivering aid and making effective drugs affordable for developing countries.

We need to focus on scaling up effective interventions, such as the prevention of mother-to-child transmission of HIV, condom distribution and use, family planning, harm reduction and addressing underlying factors that fuel the epidemic. Affected countries and donors need to put human rights and

reaching marginalized and high-risk groups at the core of country-led efforts to tackle HIV and AIDS.

Finally, we need to be constantly on guard as the epidemic changes, working together to meet emerging challenges. This is a time to sustain efforts, to deliver comprehensive services for those in need, to learn from what works, to find better ways of dealing with AIDS and to maximize efficiencies. To this end, the British Government endorses the need for a 2011 review meeting of the General Assembly to look at progress and chart the way forward to 2015.

Ms. Méndez Romero (Bolivarian Republic of Venezuela) (*spoke in Spanish*): The delegation of Venezuela aligns itself with the statement made by the representative of Chile on behalf of the Rio Group.

Allow me, on behalf of the Venezuelan people and Government, to express our sincere gratitude for the convening of this plenary meeting on HIV/AIDS as an expression of the international community's resolve to create more effective strategies to address the challenges of the epidemic. HIV/AIDS has been and continues to be one of the most tragic epidemics of our time. According to the Joint United Nations Programme on HIV/AIDS, each day more than 6,800 people are infected by HIV and more than 5,700 die from AIDS, in most cases due to inadequate prevention and treatment services. This epidemic is not only a health-care problem of terrible scope, but also a social, economic and political matter.

The Government of the Bolivarian Republic of Venezuela therefore continues to strive to ensure that each of its public policies to prevent, treat and find a solution to the problem of HIV/AIDS will improve the well-being of each and every Venezuelan citizen affected by HIV/AIDS.

The process of laying the foundations of the highest standard of well-being began in Venezuela with the establishment of twenty-first century socialism. The revolutionary Government of President Hugo Chávez Frías recognizes its commitment and duty to guarantee universal access to health care for all Venezuelans. Thus, all individuals in Venezuela have free access to effective prevention, treatment, care and support mechanisms related to HIV/AIDS. This is recognized by social movements and community organizations, and by multilateral entities of the United Nations system.

The political support shown by the Venezuelan Government in its national response to the HIV epidemic highlights the leadership of the Ministry of People's Power for Health by way of the National AIDS Programme. The programme is the national coordinating body that links various Government entities, social movements, community organizations and multilateral organizations with the support of the Foreign Ministry and other actors. That interaction has grown over the past two years and led to the achievement of important progress, including greater visibility and awareness of HIV at the national level, particularly within Government entities. It has also allowed a greater number of social movements and community organizations to participate in prevention projects.

We must underscore in particular the significant increase in the interactions of all parties directly or indirectly involved in the issue of AIDS. Political support is also evident in the continued increases in ongoing budget allocations to the National Programme for HIV and Sexually Transmitted Infections. This has resulted in wider access to comprehensive care for people living with HIV. It is important to underscore that the financing of the national public health system is the State's obligation, and the Venezuelan Government guarantees a health-care budget adequate to achieving our health policy goals, including those related to HIV/AIDS, set by the Ministry of People's Power for Health.

In the area of prevention among the general population, there is also financing for projects of the National AIDS Programme that support education, communication and information activities on preventing HIV infection. Its activities include educational events on various topics related to prevention, such as delayed initial sexual activity, the promotion of condom use, safe sex practices, reducing the numbers of sexual partners, the fight against violence against women, and the prevention of mother-to-child transmission of HIV.

The effective fight against the HIV epidemic is a Millennium Development Goal, and the Bolivarian Republic of Venezuela is making every effort to stay on track to meet it by 2015.

Ms. Xundu (South Africa): The South African delegation wishes to congratulate the Secretary-General on his comprehensive report (A/64/735) on

progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. We are particularly encouraged by the strength of the tone of the report on the need to maximize the synergies between the global AIDS response and broad development work, in particular the categorical reference made to Millennium Development Goals 1, 2, 3, 4, 5 and 8 and the reference to prevention as the mainstay of the response.

It has always been our position that HIV and AIDS are a development challenge that must be addressed as such. We are humbled by a reference in the report not only to the enormous challenge regarding the scale of our problem with HIV and AIDS, but also to the recognition of progress we have made in addressing it, as well as invaluable knowledge that has come from that same challenge in terms of the evidence from findings of research conducted in our country. There are many examples, but the most outstanding are the work on the effectiveness of male circumcision in the prevention of HIV; the research on integration of gender and HIV training into microfinance initiatives, which was done in the rural province of Limpopo in South Africa; the health outcomes realized from the introduction of antiretroviral therapy in KwaZulu-Natal province, which is one of the hardest hit by the epidemic in the country; and, indeed, the advances in scientific knowledge in the fields of microbicide and vaccine development. It is our belief that the most effective solutions will come from the most affected communities, and we are committed to leading and supporting these endeavours in our country.

South Africa, with its population of 49 million, currently has 5.7 million people living with HIV and an adult HIV prevalence estimated at 11 per cent in the general population. This represents 17 per cent of the global burden of HIV, a quarter of the disease burden in sub-Saharan Africa and, indeed, a sixth of the global disease burden. South Africa also has the one of the world's worst tuberculosis epidemics in the world, with a high disease burden and levels of tuberculosis-HIV co-infection rates. Approximately 500,000 people develop active tuberculosis every year, with a 73 per cent tuberculosis-HIV co-infection rate in the country.

These are the challenges that confront not just the health sector in South Africa, but all of society, thus requiring a multisectoral response. The HIV and AIDS and Sexually Transmitted Infections Strategic Plan for South Africa, 2007-2011, was developed with key stakeholders in Government, civil society and the private sector. Much progress has been made against the objectives and targets of the Strategy. Appropriately 1 million people have been initiated on antiretroviral therapy to date. HIV prevalence has stabilized among pregnant women attending antenatal clinics across the country, and there are encouraging signs that the HIV incidence in the younger age groups is declining. However, sexual transmission of HIV continues to be unacceptably high. Also, progress against prevention targets has not been uniform, with HIV testing uptake remaining low.

In 2009, the Government of South Africa renewed its commitment not only to scaling up interventions to address HIV/AIDS and tuberculosis, but also to accelerating the national HIV and AIDS response on an unprecedented scale. On World AIDS Day in December 2009, the President of the Republic of South Africa, His Excellency J.G. Zuma, announced new interventions to expand access to treatment for those who are HIV-infected. These new measures include, among others, the provision of antiretroviral therapy to all patients with tuberculosis/HIV co-infection with a CD4 count below 350 cells/mm3; the provision of antiretroviral therapy to all infants under one year of age with confirmed HIV status; the provision of mother-to-child prophylaxis for all pregnant women from 14 weeks of pregnancy; the provision of full antiretroviral therapy for all pregnant women with a CD4 count below 350 cells/mm3; and decentralizing antiretroviral initiation to the primary health-care level.

On 25 April 2010, President Zuma launched a national HIV counselling and testing campaign, which seeks to test 15 million South Africans by June 2011. The objectives of the 18-month long national campaign are to mobilize people to know their HIV status; screen people for other key health indicators, including tuberculosis, blood pressure, anemia and diabetes; support people with key prevention messages for a healthy lifestyle, irrespective of HIV status; increase health-seeking behaviour; and increase access to treatment, care and support. HIV testing and counselling are being offered free at all public health facilities, targeting those over the age of 12 years who are sexually active. The public sector campaign is also supported by the private sector, civil society and many

other Government departments. This campaign has been hailed as the biggest ever undertaken in the world to date.

During the campaign, we intended to undertake the following efforts: 2.5 billion male condoms will be procured; male circumcision services will be scaled up to all provinces and implemented in line with national guidelines; tuberculosis screening will be integrated into routine health services at primary health-care facilities, and isoniazid prophylaxis will be provided for six months for those in need; 6,000 nurses will be trained in initiating antiretroviral therapy to ensure expanded access to HIV care; the number of infants initiated on antiretroviral therapy will increase from 35,000 to 62,000; access will be expanded through a decentralized model of integrated care, which will increase current facilities from 500 to 2,500 by end of June 2011; and 500,000 new patients will be enrolled in the antiretroviral therapy programme to meet the March 2011 target of 1.5 million people on treatment.

To support these ambitious targets, the South African Government has committed to fund more than two-thirds of its own AIDS response and $1 billion dollars to the AIDS response in 2010 — a 30 per cent increase over the past year. The financing gap has widened due to increased numbers of those testing for HIV and in need of antiretroviral treatment. More patients who have started treatment will be moved onto more expensive second-line drugs. The recent re-costing of the national antiretroviral therapy programme to align it with the acceleration indicates that South Africa will need substantial external financing to support the scale-up of HIV prevention and treatment services. Resources from entities such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as support from other development partners and United Nations agencies, will continue to be required.

South Africa is renewing its effort against the challenges posed by the dual epidemics of HIV and tuberculosis. Health overall, and HIV/AIDS and tuberculosis in particular, are at the top of the Government's 2010 Programme of Action. The South African National AIDS Council has been strengthened to ensure that a multisectoral response is entrenched and monitored across all spheres of society. Significant progress has been made, but gaps and challenges remain.

The interventions and new strategies I have outlined demonstrate a new urgency in the country's response. Success will mean that South Africa will be able to not only achieve some of the targets set in the National Strategic Plan, 2007-2011, but also the health-related Millennium Development Goals. If I may share it with the Assembly this morning, the theme of South Africa's national response is: "I am responsible, we are responsible and South Africa is taking responsibility".

The bold interventions I have just described, the ambitious targets that we have set, the resources that we have allocated to the response, and the concrete demonstrable political commitment are proof that the Government is taking responsibility for its citizens. More needs to be done and, with the support of many of our partners, there is hope that the country will deal decisively with these pandemics.

Let me conclude by saying that South Africa will indeed intensify its efforts to implement the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS so that we proportionately contribute to the realization of universal access to HIV/AIDS prevention, treatment, care and support services. In this regard, while focusing on our specific challenge with HIV and AIDS, we shall work closely with the Joint United Nations Programme on HIV/AIDS (UNAIDS) in implementing the "Joint Action for Results: UNAIDS Outcome Framework 2009-2011" towards the identified 10 priority areas.

Ms. Picco (Monaco) (*spoke in French*): Almost 30 years after first being identified, HIV remains one of the chief threats to health and development in the world. Lowering the mortality and morbidity levels related to HIV/AIDS, malaria and other diseases is essential to achieving all the Millennium Development Goals (MDGs) on a global scale.

It is encouraging to see that levels of new infections have fallen by 17 per cent since 2001 and that considerable progress has been made, thanks in particular to better access to treatment. Nevertheless, the goals we set for ourselves, in the 2001 Declaration of Commitment and the 2006 Political Declaration, in the areas of universal access to prevention, treatment, care and support services have unfortunately still not been achieved.

Solidarity and actions undertaken by all can slow down the rate of new infections. For that reason, the

Government of the Principality has focused its efforts on preventing and combating AIDS in its cooperation programmes, particularly in Africa. This is because, in order to speed up progress and ensure the lasting effect of efforts to fight HIV, concrete measures must be taken, not only in the area of health but also in that of development. In this regard, Monaco has contributed bilaterally to the World Health Organization programme aimed at limiting increases in HIV rates, as well as to that of UNICEF, which is aimed at strengthening the prevention of mother-to-child transmission. We have also contributed to microfinancing programmes with the goal of reducing poverty and promoting gender equality and the empowerment of women.

In this context I note with interest the agenda for accelerated action at the national level on behalf of women, girls and gender equality in the HIV programme for 2010-2014, a positive and important initiative for tackling discrimination against women and protecting their human rights. Her Serene Highness Princess Stéphanie is working actively to publicize the negative effects of stigmatizing and discriminating against those infected with HIV/AIDS, particularly women and girls, who are often victims of violence and are particularly vulnerable to the virus. The Fight AIDS Monaco Association, which the Princess chairs, helps and supports people affected by the virus, who suffer from isolation and difficult living conditions. The Maison de Vie, a unique project of its kind in Europe whose construction will soon be completed, was created to provide a home for people with HIV to allow them to regain confidence and to live with their HIV-positive status. Her Serene Highness Princess Stéphanie is an Ambassador-at-Large for the Joint United Nations Programme on HIV/AIDS (UNAIDS), has also demonstrated her firm commitment to this cause, taking part in missions on the ground to meet with victims of the pandemic, which continues to ravage both families and their communities.

Monaco recently renewed its framework agreement with UNAIDS through 2011 during an official visit to the Principality by the Programme's Executive Director, whose efforts we acknowledge. As of 1 January 2011, Monaco will also become a member of the UNAIDS Coordinating Board, at which time we will examine the progress made in achieving national goals with regard to universal access.

Here I would like to stress once more that prevention should underpin all our efforts. In Monaco, the testing centre is accessible, free and anonymous to all who wish to be tested. Access to care is provided free by the social security system, and psycho-social care is also available. This testing centre, which is anonymous and free of charge, also offers the people information and prevention activities. Moreover, workshops and discussions led by doctors and nurses are held in schools with the support of the Minister of National Youth Education and Sport. Prevention is also promoted through the airwaves; *Jungle Fight*, a monthly programme aired by Radio Monaco, responds to listeners' questions on the disease, with the personal contribution of Her Serene Highness Princess Stéphanie, who is a host of the programme.

We welcome the upcoming consultations for the in-depth review of progress made in the fight against HIV/AIDS, which will be held, we hope, in 2011. Monaco will continue its efforts to win the fight against this disease, which is the concern of all of us.

Mr. Attiya (Egypt) (*spoke in Arabic*): At the outset, the Egyptian delegation would like to express its thanks for the convening of this plenary meeting to discuss the Secretary-General's interim report (A/64/735) on progress made in the implementation of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. Egypt aligns itself with the statement delivered by the Permanent Representative of the Republic of the Congo on behalf of the African Group.

HIV/AIDS represents a major challenge to the attainment of the Millennium Development Goals (MDGs), in particular Goal 6. Despite a relative slowdown in the estimated number of new HIV infections between 2001 and 2008, the increase in the number of people in low- and middle-income countries receiving antiretroviral therapy and the relative decline in recorded cases around the world, the total number of people living with HIV worldwide is still more than 33 million, more than two thirds of whom are in Africa alone.

Achieving, by the end of 2010, the goal of universal access to prevention, treatment, care and support, adopted by the General Assembly in its resolution 60/262, undoubtedly requires us to address the need to strengthen national capacities more effectively in many developing countries, especially

low-income countries, in order to enhance the implementation of their national programmes and to conduct broad awareness campaigns aimed at correcting widespread social misconceptions. Such efforts require large investment in order to build government and societal capacities; train qualified personnel; expand clinical trials of microbicides; make first- and second-line antiretroviral treatments available at reasonable prices, along with medications for AIDS-tuberculosis co-infection; and deal with other areas that many Governments cannot tackle without external assistance — assistance that comes without additional conditionalities or attempts to impose social or cultural concepts that do not take into account the individual characteristics of societies in the recipient countries.

The importance of the continued provision of international support has increased in the wake of the global financial and economic crisis and its potential negative impact on official development assistance, despite international commitments, as well as on cutbacks in public spending for improving health systems in developing countries. This is particularly the case in view of the dire need, discussed in the Secretary-General's report, to raise an additional $9.5 billion beyond the total investments made in 2008 in order to bolster the ability of national programmes to achieve their targets by the end of 2010. It is also essential to find sound solutions for the trade-related aspects of the restrictions on transit trade in medications, intellectual property rights, overcoming the problems of migration and recruitment of health workers from affected developing countries and reversing the brain drain, so as to improve national health systems and ensure affordable treatment and care for all.

It is incumbent upon us in our pursuit of this target to make sure that we do not overlook the international commitment in the Millennium Declaration (resolution 55/2) to work towards halting and reversing the spread of HIV/AIDS by 2015, bearing in mind that achieving universal access to prevention, treatment, care and support is only an interim goal, not an end in itself.

The prevention and combating of HIV/AIDS are also substantially related to the comprehensive development process, supporting the development of economic, educational and health infrastructure and, more significantly, the transfer of know-how and technologies vital to reinforcing such efforts. That is especially the case as regards pharmaceutical industries, changing the social perspective on the epidemic and enhancing access to early diagnosis and treatment with the support of all societal forces.

Indeed, the international community's responsibility in that respect must be matched by a parallel commitment to rationalizing the utilization of resources in a manner that ensures effectiveness and in a framework that guarantees the coordination of efforts with social programmes under way, in particular those implemented by non-governmental organizations and civil society. Many developing countries are already implementing such a framework with remarkable success on the basis of the "three ones" principle, which provides for one national strategic framework to guide country-level efforts, one national coordinating authority and a single agreed framework for monitoring and evaluation.

Within the framework of the international commitment to combating the epidemic, greater international efforts are needed in the fight against the illegal traffic in narcotic drugs. Further United Nations efforts are also needed to achieve the peaceful settlement of armed conflicts, particularly in Africa, which contribute to the draining of the economic potential of countries where the epidemic is on the rise. They also contribute to the expansion of socially marginalized sectors through the stigmatization and negative stereotyping that result from the fear of infection and lead to an increase in the number of orphaned children susceptible to recruitment in armed conflicts, as well as to an increase in sexual violence, which paves the way for the spread of infection among young people, women and children. Such negative ramifications create further challenges to peacebuilding efforts in many countries emerging from conflict.

It is also essential to enhance regional cooperation to ensure a long-term AIDS response. In that regard, I would like to stress the importance of the international community's financial and technical support for the centre that the African Summit in Sirte, Libya, decided to establish in 2005 in order to promote cooperation on the continent in the fight against HIV/AIDS, alongside national efforts to curb the infection and the resulting mortality rates.

In that context, Egypt has sought to share its expertise with its sisterly African countries where the

pandemic is most prevalent, believing in the necessity of South-South cooperation to complement, but not to substitute for, North-South cooperation. We manifest that approach through the dispatch of medical expertise, technical assistance and training. More recently, Egypt has embarked, in consultation with the private sector, on the expansion of its pharmaceutical industry to produce antiretroviral medications so as to help reduce the costs of importing them from outside the continent.

All those aspects highlight the need to address the epidemic with vigour and in resolve to fully implement the pledges we made in the Political Declaration on HIV/AIDS, adopted four years ago by the General Assembly. We have to work sincerely to reinforce international and national structures and to provide the necessary support in a manner that maintains the balance between the need to improve services and the need to ensure universal access as soon as possible, provides treatment and prevention, and increases assistance and the efficient use of resources with a view to achieving our goals, especially MDG 6, by the targeted date and in all States without exception.

Mr. McNee (Canada): 2010 is an important year. It marks the target date for the achievement of Millennium Development Goal 6 on HIV and AIDS. As the Secretary-General notes in his recent report (A/64/735), many countries around the world, including Canada, have achieved great progress in realizing the goals of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration. However, the epidemic continues to grow and presents us all with immense challenges. We must not lose sight of our collective goals.

Canada is committed to continuing its domestic and international efforts to address HIV and AIDS. Grounded in respect for human rights, we promote and protect the dignity and rights of those living with and at risk of HIV and AIDS as key pillars to an effective response. We also strive to overcome stigma and discrimination and to sustain efforts in gender equality to address the feminization of the disease. That is one pillar of Canada's approach to controlling the further spread of the virus, to ensuring that the most vulnerable populations have access to the prevention, diagnosis, treatment, care and support that they need, and to improving their quality of life.

To respond effectively to HIV and AIDS, it is critical that we enhance our understanding of the drivers of the infection, assess more systematically the effectiveness of interventions, augment surveillance practices, and guide research to where it is most needed. Building the evidence base informs policies and programmes that aim to meet the specific needs of populations disproportionately affected by HIV.

As part of that work, Canada recognizes the role of the determinants of health and the impact of co-infections, which all affect a person's risk of HIV infection and disease progression to AIDS. Canada hosted the second North American Housing and HIV/AIDS Research Summit this month and is developing new research programmes to address the complex issues of co-morbidities and aging experienced by people living with HIV. Canada is also contributing to the global dialogue on HIV, tuberculosis and hepatitis C, and we are encouraged by the progress on those issues.

Collaboration is fundamental if we are to reach our collective goals of stopping the spread and reversing the impact of HIV. Canada acknowledges the pivotal role that civil society and people living with HIV and AIDS play at the heart of the response. Partnership between public health and civil society, as well as across sectors, strengthens our use of expertise and resources to the most effective action, policies and programmes. Canada is supportive of civil society engagement at the Economic and Social Council and the Programme Coordination Board of the Joint United Nations Programme on HIV/AIDS. As part of Canada's global efforts, we support Canadian researchers and provide technical support to build knowledge and capacity internationally.

(*spoke in French*)

Canada is committed to scaling up its efforts to achieve the goal of universal access to comprehensive prevention, treatment, care and support for people living with HIV. Between 2006 and 2009, Canada provided $650 million of funding assistance to strengthen health-care systems and to increase the availability and implementation of HIV and AIDS prevention and treatment in developing countries. We support a number of large bilateral and regional programmes in Africa, Asia and the Caribbean, as well as multilateral initiatives that facilitate developing countries' access to medicines. We also provide

financial assistance to multilateral organizations and Canadian civil society in our efforts to fight HIV/AIDS at the international level.

Canada attaches great importance to investments in new scientific interventions, proven interventions and innovative approaches. Discoveries in new and expanded technologies — such as diagnostics, rapid testing and HIV-drug-resistance screening — hold great promise for increasing access to testing, reaching undiagnosed persons and making treatment options more widely available. Canada will continue to participate in global efforts in the areas of research, experimental science and programmes to develop vaccines and other prevention technologies to put a stop to HIV transmission.

We are aware of concerns about funding as a result of the global economic downturn. All of us must therefore maintain our collective response to HIV and AIDS. Strategic investments and innovative initiatives will help to reduce the transmission of HIV and to improve the quality of life for those living with HIV and AIDS and those affected by this disease. Canada is determined to work with its global partners in order to define a common vision to put an end to the HIV and AIDS pandemic.

Mr. Núñez Mosquera (Cuba) (*spoke in Spanish*): If there is to be any hope of success in the fight against HIV/AIDS, the world must join together in a great alliance, as called for in the Declaration of Commitment on HIV/AIDS, adopted in 2001. A decade later, we note with concern that, despite the huge efforts of many countries, international organizations and members of civil society, the agreed goals have not yet been achieved.

The number of people living with HIV has increased from approximately 8 million in 1990 to almost 33 million today, and continues to rise. The rates of new infections and deaths due to AIDS are unacceptably high. The epidemic continues advancing at a rate higher than that of the response. For every two persons who begin antiretroviral treatment, five contract the disease. HIV remains the most lethal infectious disease in the world and the leading cause of death among women of reproductive age, that is, between 15 and 49 years of age.

According to official data, the number of people living with HIV/AIDS in 2009 was 20 per cent higher than the figure published in 2000. For that reason, the international community must redouble all its efforts. It is estimated that 9.5 million human beings in underdeveloped countries immediately require anti-AIDS medicines to save their lives. Only 4 million of them — 42 per cent — are receiving them.

The situation is further aggravated by the world's current economic and financial crisis, which is a direct consequence of the irresponsible behaviour of the multinational corporations and Governments of the most developed countries. Although global military expenditures increased by 49 per cent over the past decade — setting a record of some $1.531 billion in 2009 — commitments to development assistance have gone unfulfilled and are increasingly being eroded. According to the most recent predictions of the Organization for Economic Cooperation and Development, the members of that body will fail to contribute $21 billion dollars of the total amount pledged to international development assistance in 2010.

In order to achieve universal access to prevention, treatment and control of the epidemic, annual investments in the response must reach $25.1 billion, that is, about 40 per cent more than the total of investments made in 2008. The global crisis has and will continue to have a negative and redoubled impact on the poorest countries, which are the primary victims of the HIV/AIDS pandemic. That threatens to become a human and development disaster.

We can safely say that, in spite of the modest progress made in addressing the HIV/AIDS pandemic, the agreed goal of achieving universal access to comprehensive prevention programmes and treatment, care and support services for all by 2010 will be impossible for many countries, in particular the world's poorest, to achieve. Cuba believes that the fullest possible enjoyment of physical and mental health is an inalienable fundamental right of all human beings, regardless of nationality, race, sex, belief or religion, sexual orientation or any other pretext to justify discrimination and the denial of access to health-care rights.

Those rights not only have full legal support in Cuba; they are also enjoyed broadly despite the limited resources of our country and the fierce economic, commercial and financial blockade imposed by the Government of the United States, with lamentable consequences for the health of the Cuban people. That

irrational policy, which has been condemned by almost the entire international community, inhumanely hinders access to new medicines and technologies produced by American companies and their subsidiaries in third countries. Nevertheless, and as a result of our people's tenacious efforts, Cuba has a free universal health-care system that is accessible to all.

With regard to addressing the HIV/AIDS pandemic, we have in place a multisectoral prevention and control programme and guarantee free medical services to 100 per cent of our people. We carry out surveillance interventions and provide free universal access to antiretroviral treatment. We also guarantee the right to work and a full salary, balanced nutrition and the full enjoyment by people infected with HIV/AIDS of all their social and political rights.

The scientific progress made by our country enables Cuba to produce six antiretroviral drugs domestically. We continue to carry out research to produce more effective medicines and a vaccine. Between 1986 and 2009, we diagnosed 11,208 cases of HIV. All 4,528 who developed AIDS are receiving treatment and medical care.

At the same time, we have been able to rely on the cooperation of the United Nations and other organizations that have contributed to strengthening our country's response to the pandemic. All of this has enabled Cuba to have one of the lowest levels of prevalence on the planet and the lowest throughout the Americas.

Likewise, in the international fight against HIV/AIDS, Cuba has offered its modest solidarity and cooperation to several countries in the form of human resources training and medical care. Some 55,188 youths from 134 countries have studied and graduated in Cuba, mainly in the health-care sector. Today, there are more than 50,000 Cuban collaborators in 98 countries and four overseas territories; more than 37,000 of these work in the health-care sector. Many take part in the fight against AIDS in communities in Africa, Latin America and the Caribbean.

People living with HIV/AIDS do not need promises or triumphalist speeches. Rather, they need concrete actions to ensure their right to health care. On behalf of the more than 30 million people infected with HIV/AIDS, and in particular the nearly 3 million children, let us unite our strength and intelligence to save the lives of those who, without faces or names, could be those most dear to us.

Mr. De Rivière (France) (*spoke in French*): France aligns itself with the statement made by the representative of Spain on behalf of the European Union.

The annual meeting of the General Assembly on the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS is an important event, particularly as we approach the deadlines that we have established for ourselves.

France thanks the Secretary-General for the high quality of his report (A/64/735). The report shows that important progress has been achieved. With regard to access to treatment, 4 million people now benefit from antiretroviral therapy in medium- and low-income countries. We have also made progress in prevention with a 17 per cent drop in new HIV infections between 2001 and 2008.

However, one year before the in-depth review of the progress achieved since the adoption of the Political Declaration and the review of national objectives, it has to be noted that our efforts have not met the challenges raised by the epidemic. The epidemic continues to gain ground, although at a slower rate, but we cannot accept a situation in which for every two people receiving antiretroviral treatment, there are five new cases. We must step up our efforts if we wish to achieve our objective of universal access to prevention, treatment, care and support.

France has invested considerably in combating this epidemic. It has contributed to the Global Fund to Fight AIDS, Tuberculosis and Malaria in the amount of $2.5 billion since the Fund was set up, which makes France the second largest global donor. Furthermore, France is one of the founders of the International Drug Purchase Facility, which, since 2006, has played a crucial role in improving access to treatment and in collecting funds through innovative sources of financing. The financial contributions to UNAIDS since 2006 through the air-ticket solidarity levy represent $655 million.

As the report of the Secretary-General stresses, this progress has had a positive impact on achieving the other Millennium Development Goals, particularly Goals 4 and 5 on maternal and child health. By 2015,

we must build our action on the "mutually supportive dynamics" referred to by the Secretary-General. France is particularly aware of the importance of preventing HIV transmission from mother to child. As Mrs. Carla Bruni-Sarkozy, a Global Fund Ambassador, said at a meeting in New York when the current session of the General Assembly was opened, it is unacceptable that 400,000 children continue to be born HIV-positive each year when we have the medical means and the knowledge necessary to prevent such transmissions. In that respect, we welcome the bold measures being taken by UNAIDS and the Global Fund to put an end to infant mortality related to HIV/AIDS by 2015.

The financial pledges that have been made are not enough. As the report of the Secretary-General stresses, the response to the growth of the epidemic must be global in nature. It requires enhancing health systems as a whole and guaranteeing equitable and universal access to care. Activities related to combating HIV/AIDS must not be isolated; they can indeed benefit the fight against other diseases.

Combating HIV/AIDS also requires us to address the social factors related to the disease and to work on changing attitudes. Social and legal obstacles to the respect for human rights hinder our efforts to combat the epidemic. We must fight the stigma and discrimination that victimize HIV-positive people and those who are the most vulnerable to infection, in particular homosexual men, injecting drug users and prostitutes. We welcome the work done by UNAIDS in this regard. We take this opportunity to reiterate the importance that we attach to decriminalizing homosexuality, and repeat our appeal for signatures to the 2008 Declaration on Human Rights, Sexual Orientation and Gender Identity, which has been endorsed by 67 countries.

Combating HIV/AIDS concerns us all. If we wish to achieve a real and lasting drop in HIV/AIDS, we must recognize that the necessary resources must inevitably increase in the coming years. We call on all States, foundations and the private sector to respond generously to the Secretary-General's appeal to replenish the resources of the Global Fund at the plenary conference that will take place in this Hall next 4 and 5 October. It is also the responsibility of all States to take every useful measure to prevent the spread of the epidemic and to guarantee access to prevention, treatment, care and support.

France also pays tribute to the essential role being played by civil society and associations, without which the international community would not have been mobilized on such a major scale. It is only together that we will achieve the objectives that we have established in the context of the Millennium Development Goals, the Declaration of Commitment and the Political Declaration.

Mr. García González (El Salvador) (*spoke in Spanish*): Allow me first of all to convey our greetings to the President and to thank the Secretary-General for his report on the progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (A/64/735), as well as for his recommendations made in preparation for the high-level plenary meeting on the Millennium Development Goals, to be held in September. My delegation associates itself with the statement made by the representative of Chile on behalf of the countries of the Rio Group.

In El Salvador, there is broad consensus on the importance of increasing awareness of the need to prevent, treat and eliminate HIV/AIDS. Meetings such as today's enable us to strengthen political commitment and efforts to stabilize the epidemic; focus on better strategies on critical issues, such as preventing the transmission of HIV/AIDS, in particular from mother to child; provide life-saving treatment; attract international resources; and mobilize the highest levels of political commitment.

El Salvador wishes to reaffirm its political will to continue strengthening all measures aimed at combating HIV/AIDS, in particular in its capacity as Vice-President of the Programme Coordination Board of the Joint United Nations Programme on HIV/AIDS for the period 2010-2012.

The Government of El Salvador seeks to promote a strategy to fight HIV/AIDS by eliminating discriminatory measures and behaviours — one of the main obstacles — as an effective response to the HIV/AIDS epidemic. Thus, last year the Government of El Salvador enacted a decree guaranteeing access to health-care services and respect for the human rights of men having sex with men, transsexuals, transgender people and lesbians. That decree provided that all public health services, such as hospitals, clinics and others, and their employees must facilitate, promote

and support actions to eliminate discrimination on the basis of sexual orientation.

The decree also calls on the country's health-care institutions to report on the actions they need to undertake to reduce homophobia and discrimination. Within the Secretariat of Social Inclusion, the institution guiding the country's socio-political policies, the decree also established the Office for Sexual Diversity, a technical body that will help to identify discriminatory practices within the public sector and to correct them. Lastly, the decree also calls on multilateral cooperation agencies and financial institutions to allocate funds and technical assistance so as to effectively address discrimination.

From a regional standpoint, the countries of Central America believe that the prevention of and fight against HIV/AIDS pandemic are important. Preventative systems and actions against the disease must also be implemented at the regional and subregional levels. Furthermore, as the representative of the Rio Group pointed out, Latin America and the Caribbean are affected by various small HIV epidemics. The pandemic has spread to countries of the Caribbean and of Central and South America. Cooperation among the countries of the region must therefore be a cornerstone in the fight against the disease. The exchange of information and experiences is crucial to stopping it from spreading further.

Throughout the region, unprotected sex is the primary means of HIV transmission, with a higher impact on specific groups. Thus, one of the most alarming factors of the disease is its transmission within vulnerable groups, in particular women who transmit the infection to their children during breast-feeding or pregnancy. Other notable groups in that connection are the populations in prison and migration centres and indigenous peoples, for whom there is inadequate capacity to promote anti-conception and prevention methods to address those realities.

As noted in the 2009 report of the Secretary-General on HIV/AIDS (A/63/812*), the annual financing for programmes to fight HIV/AIDS increased in 2007 and 2008. However, that upward trend is at risk in the light of the current global economic and financial crisis, which will require the level of investment to effectively address the pandemic to be maintained and increased as a fundamental element of our countries' international cooperation and attainment of the Millennium Development Goals.

We also must ensure the sustainability of the response to HIV/AIDS with not only short-term but also medium- and long-term plans and reliable financing systems, including the necessary strengthening of public health systems at the national level.

To conclude, allow me to reaffirm the commitment of the Government of El Salvador to the prevention and fight against the HIV/AIDS pandemic. We believe it necessary to promote best practices and to increase relevant information-sharing among countries. We also support stronger alliances among interested groups at the local, national, regional and global levels in order to jointly fight the pandemic and, at the same time, to meet the commitments made in the Political Declaration on HIV/AIDS.

Mr. Mugodo (Kenya): At the outset, let me thank the President for organizing this plenary meeting on HIV/AIDS. We express our appreciation to the Secretary-General for his comprehensive report (A/64/735) highlighting the progress made so far, the status of the epidemic and what remains to be done before 2015. My delegation associates itself with the statement made by the representative of the Republic of Congo on behalf of the African Group.

HIV/AIDS is still devastating large sections of our communities and is in fact reversing not only the modest gains made thus far in combating the epidemic, but also the progress made in implementing other Millennium Development Goals. Countries in sub-Saharan Africa are at different stages of addressing the pandemic, with mixed results. While some have registered some success, the situation is still grave despite the efforts of the past 20 years.

The year 2015 is almost upon us. We have five years to make good on our promises. The prospects do not look good. Over the past decade, several countries in sub-Saharan Africa, including Kenya, have demonstrated that the epidemic can be controlled by adopting and coordinating an aggressive multisectoral approach strategy deeply entrenched within the community and with leadership at the highest levels.

Despite the gains that Kenya has made, inter alia, in reducing the prevalence rates to 7 per cent, the threat is still very real. Notwithstanding the legislative, policy

and institutional frameworks in place, lack of resources to sustain progress is threatening to wipe out the gains made so far.

In addition, the close link between HIV/AIDS, on the one hand, and maternal health and child mortality, on the other, has to be addressed. The Government of Kenya is determined to continue to pursue its aggressive awareness campaigns and expand voluntary counselling and testing initiatives and centres. Unfortunately scaling up these interventions is seriously hampered by unpredictable and wavering funding.

On the global scale, women and young girls make up a huge percentage of those living with HIV/AIDS, the majority of whom are youths. Women's vulnerability can be attributed to social inequality, which puts them at risk of poverty, abuse and violence. This is the feminization of HIV and AIDS. Kenya is addressing the situation by providing education and increasing women's participation in all sectors and at all levels of decision-making. A number of policies and programmes have been initiated by the Government, focusing on the deepening of participation by women and young people in all aspects of development. These policies and programmes include the Women Enterprise Development Fund, the Youth Enterprise Fund, the Local Authority Transfer Fund and the Constituency Development Fund.

While we still have a long way to go to achieve Millennium Development Goal 6, Kenya would like to report that our National AIDS Control Council has been co-coordinating an annual joint HIV/AIDS programme review to facilitate effective multisectoral monitoring and coordination of the national response to HIV and AIDS. Similarly, in order to ensure harmonized interventions, the review provides a platform for consensus-building for a wide range of stakeholders.

The main theme of the Kenya National AIDS Strategic Plan 2009-2013 is "Delivering on universal access". The Strategic Plan aims to achieve universal access targets for high-quality integrated services at all levels to prevent new HIV infections, reduce HIV-related illnesses and deaths, and mitigate the effects of the pandemic on households and communities. As a result of the Strategic Plan, the following types of intervention are being implemented.

First, cost-effective services informed by an engendered rights-based approach to universal access to prevention, treatment, care and support are being provided. Secondly, targeted, community-based programmes supporting universal access and social transformation are being developed. Thirdly, long-term programmes addressing both the root causes and the effects of HIV in key sectors are being put in place. Fourthly, the overall system is being operated within a nationally owned, harmonized and aligned framework at all levels that supports mutual accountability.

Since the High-level Meeting of the General Assembly on HIV/AIDS held here in June 2008, Kenya has made commendable progress in accelerating universal access to HIV and AIDS prevention, treatment and care. The number of patients receiving antiretroviral therapy has increased in this period. Voluntary counselling and testing centres have similarly been expanded to cater to more people coming to them.

But even with efforts to heighten sensitivity within communities, it has not been possible to sustain awareness campaigns in all regions. As noted in the report of the Secretary-General, near-hysterical fear still reigns wherever persons with HIV/AIDS are involved. That is stigma. Whatever form it takes, it continues to subtract from the gains made so far. The solution lies in demystifying the scourge. In this regard, we should not relax our efforts to carry out aggressive campaigns and increase educational programmes at all levels.

Despite all the efforts we are putting in place, the following abundant challenges remain: limited resources to scale up responses to AIDS; inadequate infrastructure to provide high-quality health services; lack of access to affordable commodities and low-cost technologies; and suffering from stigma, discrimination and gender inequality.

Kenya wishes to propose the following steps as the way forward. We must maintain the sustainability of interventions and scale up services in order to ensure access to prevention, treatment and care services to the greatest possible number of people. We must effectively address prevention among the most at-risk populations, such as young people, commercial sex workers and injecting drug users, among others. Thirdly, as a feasible strategy for fighting stigma and empowering women, we must invest in community

organizations led by women. Fourthly, we must increase investment in low-cost prevention technologies such as vaccines, condoms and microbicides, inter alia.

The 2010 September summit on the Millennium Development Goals will offer an important forum to look afresh at the strategies that we have put in place. The goals are interconnected but, as identified in the report, there has not been sufficient focus on maximizing the potential of these mutually supporting dynamics. Central to all the work is the sustainability of funding for HIV/AIDS interventions. Because antiretroviral therapy is a lifetime commitment, the financial support aimed at providing it should be predictable and take the form of grants, not loans.

In conclusion, we are all aware how a lack of adequate investment in HIV prevention, treatment and care has the potential to wipe out all the hard-won gains and to render current and future development ineffective. We are grateful to the Secretary-General for his recommendations. It is in this regard that we stress the need for meaningful partnerships between Governments, civil society, non-governmental organizations and the private sector.

Kenya would like to thank the Joint United Nations Programme on HIV/AIDS, the United States President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Clinton Initiative and many others for their valuable partnership. We believe that, with concerted effort on our part, we can make profound progress in the fight against HIV and AIDS. We can achieve Millennium Development Goal 6 and we can win the war against HIV/AIDS.

Mr. Pankin (Russian Federation) (*spoke in Russian*): International efforts to combat HIV/AIDS have allowed much progress to be achieved in recent years. However, the spread of the epidemic continues to outstrip the measures taken to respond to it. For every two patients beginning antiretroviral treatment, there are five new cases of infection. A sure means of achieving long-term progress in limiting the spread of HIV/AIDS infections and reducing mortality rates is, we believe, to develop and improve the quality of programmes to prevent the disease, provide ongoing treatment, sustained financing and improved national health systems.

Another important factor is the creation of the right conditions for involving people living with HIV to take part in preventive programmes, protecting their rights and eliminating social stigma and discrimination. We firmly believe that progress in combating HIV/AIDS will significantly contribute to meeting other development goals, particularly those of reducing poverty, hunger, and child and maternal mortality.

Just five years from the deadline for achieving the Millennium Development Goals, the time has come to take immediate action to mobilize efforts that would allow tangible results to be achieved in combating the epidemic. We fully support the efforts being made by the World Health Organization, the Joint United Nations Programme on HIV/AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria to address current health problems. We are also determined to fulfil the commitments made in recent years by the Group of Eight and to work to implement other major initiatives to fight HIV/AIDS.

Combating infectious diseases, in particular HIV/AIDS, is a priority in the Russian Federation international development policy adopted in 2007. Russia's contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria now total $225 million, and we shall continue to increase them.

To step up efforts to fight the epidemic in Russia, we have established a governmental commission on HIV infections and a Ministry of Health and Social Development coordination council on HIV and AIDS. Civil society and people living with HIV and AIDS play an active role in their work. As part of the high-priority national health programme, there has been considerable progress in improving access to treatment and prevention of HIV and AIDS, in improving care and support for people living with AIDS and in reducing mother-to-child transmission.

Our experience of cooperation within the Commonwealth of Independent States has shown that because of similarities in the spread of infectious diseases at the regional and subregional levels, initiatives at those levels can play an important role in combating the spread of the epidemic. Hence, Russia has increased its technical, financial and organizational assistance to countries in the region in their efforts to combat AIDS. For the period 2008-2010, $50 million has been allocated to research and development on an HIV/AIDS vaccine, to creating a coordination

mechanism for research in Eastern Europe and Central Asia and to supporting a global centre for vaccine development.

At the third Eastern Europe and Central Asia Conference on HIV/AIDS, held last October Moscow, there was a call for enhanced regional cooperation. The Conference focused in particular on forecasting the spread of the epidemic in the region, developing vaccines and new drugs, conducting research into how the disease is transmitted and discussing effective preventive measures for vulnerable groups.

It is our hope that, through joint efforts at all levels and with political will backed up by practical measures, we will make further progress in fighting HIV/AIDS.

Ms. Rovirosa (Mexico) (*spoke in Spanish*): My delegation fully associates itself with the statement made by the representative of Chile on behalf of the Rio Group. Let me just add a few comments on how the epidemic has unfolded in Mexico and on the response of our national health and education authorities, particularly in the areas of prevention and care.

Mexico's response to the agreements and goals set out in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS is described in our national report, issued on 31 March. It sets out the progress that Mexico has made in implementing the two Declarations, pursuant to our obligation to report regularly to the General Assembly on progress, opportunities and challenges in the context of the Declaration of Commitment.

One of my country's main goals in the area of prevention is to keep HIV prevalence below 0.6 per cent in people aged 15 to 49 years. To that end, our National Centre for AIDS Control and Prevention is ready to relaunch our National Prevention Strategy, which sets out actions and roles for every public- and private-sector actor in the fight against the pandemic. Another important step forward on prevention is the increased purchase of inputs and services, including condoms, lubricants and HIV/AIDS detection kits, in particular by pregnant women and members of other key populations. Further significant progress is seen in the recent launch of programmes and campaigns targeting indigenous populations and prisoners.

In the sphere of education, we have increased our prevention programmes aimed primarily at young people within and outside schools. The importance of this was underscored in a ministerial declaration, entitled "Preventing through education", adopted at the first Meeting of Ministers of Health and Education to Stop HIV and Sexually Transmitted Infections (STIs) in Latin America and the Caribbean, held in Mexico. There, 30 Ministers of Health and 26 Ministers of Education committed themselves to placing prevention at the centre of an effective response to HIV/AIDS.

Moreover, on the basis of our 2007-2012 national health programme, Mexico has reaffirmed and strengthened its support for civil society organizations and persons living with AIDS, through campaigns to reduce the stigma, discrimination and homophobia associated with HIV/AIDS. Pursuant to that programme and to the 2007-2012 programme of action to respond to HIV/AIDS and STIs, the Mexican Government has proposed that access to antiretrovirals should remain a priority in fighting the causes of the virus and lengthening the survival and enhancing the quality of life of those living with HIV/AIDS.

My delegation believes that Mexico has made a positive contribution to the statistic in the report of the Secretary-General (A/64/735), that as of December 2008, 4 million people in low- and middle-income countries were receiving antiretroviral therapy: 10 times more than five years ago.

For Mexico, it is essential that greater visibility on the public agenda continue to be accorded to the fight against homophobia, as a high-priority, visible and independent issue. Homophobia creates obstacles in health care and education. My country has reaffirmed its commitment to combating stigma, violence, discrimination and homophobia, and to respect for the human rights and fundamental freedoms of all people: by official decree, we established 17 May as our National Day of Tolerance and Respect for Preferences.

Turning to inter-agency coordination in the global response to HIV/AIDS, my delegation reaffirms that the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors should optimize the division of labour on technical cooperation in order to avoid redundancy in the in-country work of agencies and to optimize the use of resources. It is also important that UNAIDS and its co-sponsors maintain

their commitment to allocating and increasing resources in responding to HIV/AIDS, especially in middle-income countries. The only way for such countries with concentrated epidemics to gain access to financing for projects of the Global Fund to Fight AIDS, Tuberculosis and Malaria is through the recently established fund for proposals regarding high-risk populations. This came about through the endeavours of a Mexican-led delegation of Latin American and Caribbean States before the Global Fund Board; also part of this alliance were Eastern Europe, Central Asia, the Middle East, North Africa, South-East Asia, affected communities and developing-country non-governmental organizations.

However, the fund has only $200 million for five years. Therefore, the support of UNAIDS and its co-sponsors will be essential to middle-income countries with concentrated epidemics since, as the Secretary-General's report indicates, four of every five middle-income countries will have difficulty reaching the national and international goals with respect to universal access to HIV/AIDS prevention, treatment, care and support.

My delegation is ready to continue to join forces in the fight against HIV/AIDS. The high-level meeting to be held in September 2010 and the 2011 comprehensive review of progress made in the implementation of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS will be exceptional opportunities to evaluate the fulfilment of objectives and to lay the foundations for new courses of action towards the global objective of stopping and beginning to reduce the spread of this disease.

Mr. Petranto (Indonesia): Allow me to begin by thanking the President of the General Assembly for convening this plenary meeting, and by joining other delegations in expressing our appreciation to the Secretary-General for his report (A/64/735). In delivering this statement, the delegation of Indonesia aligns itself with the views expressed by the representative of Viet Nam on behalf of the Association of Southeast Asian Nations.

Indonesia welcomes the progress being made at the global level to contain the spread of HIV/AIDS. There has been considerable expansion of antiretroviral treatment in low- and middle-income countries. It is equally encouraging to note that more countries are poised to achieve their 2010 country targets for universal access to selected HIV-related services.

However, many countries face serious obstacles in fulfilling their global commitments. What is even more disturbing is that the growth of the epidemic continues to outpace the response to its spread. HIV remains the leading cause of death among reproductive-age women worldwide. It is also a major cause of childhood illness and death in high-prevalence settings and creates a formidable hurdle to poverty and hunger reduction. This must be swiftly and dramatically altered to enable nations to gain the upper hand in dealing with this epidemic.

HIV/AIDS is also a major threat to development. It is a critical factor in the resurgence of other infectious diseases. In this context, Indonesia appreciates the Secretary-General's reminder of the close links between HIV/AIDS and the achievement of the Millennium Development Goals and that there should be an incentive for increased funding for HIV programmes to secure the future of affected nations.

In this regard, measures must be implemented to step up prevention efforts if we are to prevent a rapid rise in the number of people living with HIV. The current estimate is 33.4 million people. We must work to reduce that figure. Prevention, we have been informed, is 28 times more cost-effective than treatment.

Mindful of these harsh realities, Indonesia has not wavered in its firm commitment to halting and reversing the spread of HIV/AIDS. Towards those ends, the National AIDS Commission of Indonesia has provided a country report on its follow-up to the Declaration of Commitment on HIV/AIDS for the period 2008-2009. It is stipulated that Indonesia set a national target to attain universal access by 2010, which is providing access to effective prevention, care, support and treatment, as well as impact mitigation, available to 80 per cent of its most at-risk population.

The Government of Indonesia has significantly increased its allocation of domestic resources for AIDS in recent years. From 2006 to 2009, the budget allocated for AIDS rose from $11 million to $73 million. In the same period, provincial and district budgets increased significantly. While this is encouraging, more resources will be needed to reach 100 per cent universal access and the targets set at the special session of the General Assembly on HIV/AIDS.

Monitoring reveals that, by mid-2009, antiretroviral therapy services reached 45 per cent of those estimated to need antiretroviral drugs and 29 per cent of injecting drug users. Certainly much more needs to be done.

To arrest the spread of HIV/AIDS, Indonesia intends to focus on extending service coverage, improving the quality and effectiveness of its HIV programmes, and ensuring the sustainability of the resources committed to the task of combating the epidemic.

For its part, the Government is seeking to mobilize more funding, domestically and internationally, to overcome the problem while fulfilling its leadership responsibility for providing policy direction. The Government is partnering with religious leaders and organizations and private sector entities, such as the Indonesian Business Coalition, to deal with the HIV/AIDS challenges.

To conclude, the Government of Indonesia will continue to select, prioritize and scale up effective interventions while promoting and strengthening local, national and international anti-HIV networks, cooperation and partnerships with all stakeholders to reach its targets, consistent with universal access by 2010 and Millennium Development Goal 6. Indonesia will therefore continue implementing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS.

The meeting rose at 1.10 p.m.